PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450
Alexandria, Virginia 22313-1450

				OI FAX	(3/1)	-213-2003				
INSTRUCTIONS: This for appropriate. All further co- indicated unless corrected maintenance fee notification	orm should be used for prespondence including below or directed others.	or trans ig the P ierwise	smitting the ISSU atent, advance of in Block I, by (a	JE FEE and PUBLIC rders and notification a) specifying a new co	of mai	N FEE (if requintenance fees vindence address;	ired). B vill be i ; and/or	slocks 1 through 5 s mailed to the current (b) indicating a sep	should be completed when t correspondence address a sarate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying				
26371 7590 09/27/2010						s own certificate	of mai	, sucn as an assignme ling or transmission.	ent or formal drawing, mus	
						Cer	tificate	of Mailing or Trans	smission	
777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202-5306						I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facismilat transmitted to the USPTO (571) 273-2885, on the date indicated below.				
				1	Γ			·	(Depositor's name)	
				İ					(Signature)	
				l					(Date)	
APPLICATION NO. FILING DATE				FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION NO.			
10/560,376 12/12/2005			Dieter Bechtold	069236-4827 9083						
TITLE OF INVENTION: BATTERY HAVING SEALED CONTACT TERMINAL BUSHING									3003	
APPLN. TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE DI	UE PI	REV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1510	\$300		20		\$1810	12/27/2010	
EXAMINER /			ART UNIT	CLASS-SUBCLASS						
SCULLY, ST	429-175000									
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the pages of up to 1 registered patent attorneys Foley & Lardner LLP										
CFR 1303). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,						
Address form P1O/SB/122) attached. "Fee Address" indication for "Fee Address" Indication form				(2) the name of a single firm (having as a member a 2-registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed attorneys or agents.						
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2 registered patent : listed, no name will	attorne I be pri	ys or agents. If inted.	no nam	c is 3		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Varta Automotive Systems CmbH Hannover, Cermany										
Please check the appropriate assignee category or categories (will not be printed on the patent):										
4a. The following fee(s) are	submitted		41	o. Payment of Fee(s): (I	Planca	first seasonly as		lands naid tone for	abana abana)	
Issue Fee □ A check is						ж тевриј в	ij pici	lously paid issue icc	allowii above)	
Publication Fee (No		Payment by credit card. Form PTO-2038 is attached. via EFS-Web.								
Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this for									eficiency, or credit any an extra copy of this form).	
5. Change in Entity Status				D						
NOTE: The Issue Fee and I	Publication Fee (if requ	iired) w	ill not be accented	b. Applicant is no from anyone other the						
interest as shown by the rec	ords of the United State	cs Pater	nt and I rademark	Office.						
Authorized Signature	_/ <i>W</i> //					Date	2/	22/2010		
Typed or printed name _			. Sprow					48,580		
This collection of information is required by 3 CSP, 13.11. The information is required to lothin or retain a benefit by the public which is to file (and by the USPTO to process an application. Confidentially is governed by 3 U.S.C. 22 and 3 CSP.14.14 full collection in estimated to to be 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending the completed application form to the USPTO. Time will vary depending the completed application form to the USPTO. Time will vary dependent of the completed application form to the USPTO. Time will vary dependent of the completed application for reducing this burden, should be sent to the Chief Information Office, U.S. Paper State of Commerce, 200 Box 1459, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEED TO. Commission for Patents, P.O. Sen 1450 Alexandria, Virginia 22313-1450.										

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.